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# THE LAW OF CURE.

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## AN ADDRESS

DELIVERED BEFORE THE

AMERICAN INSTITUTE OF HOMŒOPATHY,

AT ITS

SIXTH ANNUAL MEETING,

HELD AT PHILADELPHIA, JUNE 13, 1849.

By B. F. JOSLIN, M. D.

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## ADDRESS.

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THE scientific institution which I have the honor to address, adopts as its creed the law *similia similibus curantur*. The general adoption of this universal principle in therapeutics is destined to effect a total revolution in medical practice, and to increase, by many years, the average duration of human life. I shall not attempt to exhibit the immense mass of direct experimental evidence by which Homœopathy is established, and by which it has gained a high rank among the sciences of observation; but shall confine myself to some general considerations in favor of the homœopathic method of determining the remedy, and against the practicability of arriving at a reliable, still less a general, law of therapeutics by any of the ordinary methods. Let us consider whether homœopathy, and it alone, does not fulfil all the conditions which reason requires in such an investigation.

If there is any general law of cure, that law must express some relation between the medicine and the disease. In order that it may be a law of cure in any practical sense, it must exhibit such a relation between the disease and its remedy, that an examination of the former shall enable us to select the latter. Now nothing can be known to man except by means of some phenomena cognizable by his senses; these phenomena represent its properties. The power of producing these phenomena, is what we call the property or properties of any thing or entity.

It is the property of any particular disease to exhibit, during its continuance, certain phenomena not observable during health. Whether these changes are in function or structure, they are called symptoms. There can be no general rule of cure, unless it comprises symptoms as one of its elements.

The changes observed post mortem can never alone suffice ; because a dead man can never be cured. It is only through the medium of his antecedent symptoms, that we can make any use of his case in curing any other ; and then only so far as the symptoms of the two cases correspond. An exact correspondence throughout the entire course will rarely occur. For other reasons, any rule of cure founded on post mortem observations will be slow in its development, and partial and fallible in its most perfected state. Because ; first, but a small proportion of patients die ; secondly, but a small proportion of cadavera can be thoroughly examined ; thirdly, in the cases in which there is a description of all the post mortem appearances, there is seldom an equally minute and comprehensive description of the symptoms : such a case is like one blade of a pair of scissors ; it wants the corresponding part in order to be available in practice. Fourthly, no man can always determine, to what particular stage or symptoms of the case any particular organic change is traceable ; still less, how much is due to one and how much to another ; fifthly, and finally, in the prevalent drugging system, who can calculate how many grains of the pathological treasure, which the anatomist eagerly collects in various parts of the body, has been deposited there by the disease, and how many by poisonous drugs ? to say nothing of the conflicting relative claims of the drugs among themselves ; they have all been vigorously working at the same parts of the body, one on one day, another on the next, and often many at the same instant ; and when their work is completed, some of them may dispute the title to an inflammation here, others to that of a mortification there. Stop, says one doctor ; you are all wrong ; the disease has been at work here, and claims the totality of the results.

I have mentioned several obstacles which prevent man from deriving any general rule of cure from post mortem phenomena. If such a rule is attainable, it must be founded chiefly and essentially on the ante mortem phenomena, that is, the symptoms.

During the existence of any malady, its symptoms are its only sensible representatives. In symptoms we include not only sensations and appearances, in a vast number of minute divisions of the body, but the various circumstances under which these sensations, &c. are observed to occur, and the various modes in which they are simultaneously grouped. When a symptom is observed to occur under certain circumstances and

not under others, this obvious relation between the symptom and its cause, is itself a symptom. The synchronism of two symptoms is itself a symptom. As no body in nature can be represented by a single property, so no disease can be represented by a single symptom.

Now any law of cure must express some relation between the properties of a disease and the medical character of a drug; that is, the character of its action on the living body. This character cannot be represented by a single effect, but by a group of effects. As a group of symptoms is the only representative of a malady, and a group of effects on the living body the only representative of the medical character of a drug, there can be no law of cure unless it expresses some definite relation (either mediate or immediate) between these two classes of groups.

It remains for us to determine what class of medical effects must be selected as one of the elements of the therapeutic rule. One plan is to select the curative effects: a certain drug has removed a certain disease or group of symptoms; therefore it will remove it in future. This empirical method, when practised by the laity, is considered as an element of quackery, but when practised by regular physicians is dignified with the title of practice founded on medical experience, and is much vaunted at the present day. Has it not been the favorite method of the most observant alloecopathic practitioners, whenever their experience had become sufficient to teach them the practical fallacies of the self-styled rational system in which they had been indoctrinated? But this is only the first stage of their progress. They soon find that their own experience conflicts with those they find recorded, and the latter with each other. If that medical skepticism which follows this discovery should not induce them to quit the profession, their preservation is owing to a new idea which is fortunately hatched at the same moment when the old one expires. This young progeny of the ashes of the former theory, is innocent of all positive crime, and is known as the expectant theory, or confidence in nature and bread pills.

Such is the deplorable tendency of empirical therapeutics. It must always remain defective, even in its partial applications, and can never establish any general law. The true test of a genuine law, is its establishing some definite relation between phenomena not hitherto observed. Such for example is the law of gravitation, by which the astronomer can predict what

motions would take place in a group of heavenly bodies, under any supposed conditions of mass, distance and previous movement in each at a given instant. The system of Ptolemy had no such astronomical law : empirical medicine has no law. It can never enable us to pass from the known to the unknown. A true law has, essentially in its very nature, this element of progression. Such is the prerogative of the homœopathic law in medicine. It establishes a relation not only between proved drugs and known diseases, but between all the unexplored medical wealth of nature and all the future medical wants of humanity.

The specificers of Germany, like the allopathic school, attempted to found a *materia medica* on clinical experience. But how have they verified the practicability of their notions ? Where and what is their *materia medica* ? Who will have the temerity to compare it with Hahnemann's ? It is one thing to discover now and then a specific, and quite another thing to establish a law for the discovery and administration of all specifics. Many an ignorant individual has done the former ; but a hundred generations of physicians were engaged in these uncertain, dangerous and comparatively fruitless experiments, before it pleased Providence to raise up a man capable of effecting the latter.

Those who reject this homœopathic law endeavor to establish a *materia medica* and select their remedies either, 1st, by the method of pure clinical experience ; or 2dly, by physiological method ; or 3dly, by various mixtures or combinations of both. The first method is empiricism ; the second, rationalism ; the third, eclecticism.

Let us present medical rationalism in its most cautious, philosophical and defensible form. We will suppose the rationalist to appreciate the importance of a minute and comprehensive observation of the case, and to be aware of the several successive steps by which strict logic requires him to proceed in the search for the remedy by the physiological method. First he observes a certain group of symptoms. This is every thing in the disease which is appreciable by the senses. Thus far he is on the safe and solid ground of observation. Secondly, from this position he plunges abruptly into the mire of speculation, or cautiously wades into it over places where there appears to be more or less foothold of reliable induction. But, sooner or later, he must be deeply immersed in hypotheses,

before he arrives at those properties of the malady which are in immediate contact with the properties of the medicine. A certain group of symptoms does, in his opinion, denote certain occult morbid actions in the living body. I call them occult, because if they were obvious to the senses, they would not be matters of inference but of observation, and would themselves be symptoms. Thirdly, when the rationalizing or physiological physician, by various reasonings and conjectures more or less plausible, has ascertained, as near as he can, the occult actions of the disease, the next step in the problem, is to determine what occult actions a remedy must produce, in order to remove those of the disease. I say occult, for the real battle between the medicine and the malady must be fought in this obscure and transcendental region, beyond the pale of observation. For various reasons, more or less plausible, the rationalist concludes that certain occult properties of a disease require certain occult properties in the remedy; for example that the remedy must be a tonic, a relaxant, an antispasmodic, a refrigerant, a purifier of the blood, or an alterative.

The fourth step in the problem, is to pass from the occult to the obvious properties of the remedy; that is, to determine what obvious actions a remedy must evince, in order that it may excite the requisite occult actions. For example, he may conclude, that the medicine should be a cathartic, a diaphoretic or an emetic, or that it should produce some other evacuation, or that its action should be attended with some other obvious and definite phenomenon or group of phenomena, which in his opinion will evince the requisite internal actions. Now this fourth step is liable to all the unsoundness of the two preceding steps. In a majority of cases, there will be fallacy and error in each of the three; that is, in passing from the obvious to the occult properties of the malady, from the occult properties of the malady to the occult properties of the medicine, and from the occult properties of the medicine to its obvious properties.

The fifth and last step of the problem, is to determine what medicine will produce those obvious actions which the theorist has inferred to be requisite. He has now waded to the opposite shore, and again arrived at the solid ground of observation. He started with observing the obvious phenomena of the disease; he ends by a partial proving of drugs, or by selecting those which experience has already shown to produce those obvious actions which he considers requisite in the case to be treated.

Though the observations of the first and fifth steps of the problem were ever so unexceptionable, the theoretical errors of the three intermediate steps may render them entirely useless. But these errors of the theory tend to vitiate the observations themselves: they tend to make the observation of symptoms partial, and the proving of drugs partial. The rationalist notes those symptoms of the disease which he can use in his theory, and slurs over the remaining and greater portion as useless. If the sufferer describes with minuteness the character, locality and conditions of the pains, the physician regards it as impertinent loquacity. In like manner, in the provings of a drug, there are but a few of its obvious effects of which the rationalist can avail himself; hence he is satisfied with ascertaining those few. Of what use to him are its thousand other symptoms?

Some form, combination or mixture of the clinical and the physiological methods is adopted by all physicians, except the homœopathists. In the hour allotted to this discourse, it would be impossible to examine the combinations and mixtures; nor is it necessary: the errors of the fundamental systems must attach to all that are founded upon them. One physician professes to be governed mainly by the clinical experience of the profession, another by physiological principles, another by both. All three ask, why do you call us allœopathists?

In answering this question, we must make a distinction between the rule by which the medicine is selected, and the principle on which it acts. No matter on what principle the drug is selected, if its actions are unlike those of the disease, the practice is allœopathic. This term is derived (not from *allos pathos*, another affection, but) from *alloios pathos*, a dissimilar affection. Every affection which is not of the same nature with the disease (that is, isopathic) must be another, that is, a different, affection; and these different affections must either be dissimilar or similar. The last are named homœopathic. This last term (derived from *homoios pathos*, similar affection,) is applicable to that practice in which the group of symptoms producible by the medicine is similar to that presented by the disease. If the group is dissimilar, the practice is allœopathic, whatever may be the rule by which the drug is selected. Now as those who select their medicines and doses by the imperfect light of clinical experience or pathological theories, generally excite sufferings unlike the disease, their practice is mainly allœopathic.

But as homœopathy is founded both on experience and reason, why is it not a combination of empiricism and rationalism? I answer, empiricism is the practising under the guidance of experience, without a law; the homœopathist practises under the guidance of a law established by experience. Rationalism is a system built up by reasoning upon subjects which are beyond the scope of human reason. Such is every system which is based upon the occult properties of diseases and the occult properties of drugs, and reasons upon the relation between these two classes of properties. Homœopathy is based upon the obvious properties of diseases and the obvious properties of drugs, and ascertains, by observation alone, the curative relation between these two classes of properties. It is reasonable to require such a foundation, and to erect the superstructure with such caution. Therefore this system is eminently rational. But because it is rational, because its reasoning is strictly inductive and founded on facts distinctly observable by finite man, it is not rationalism. Right reason is normal, rationalism a monstrosity.

Hahnemann and his disciples are the only medical philosophers who have been true to the inductive method, in the reasonings which they have employed in establishing a therapeutic law. They have proved, by abundant experience, that a medicine will remove a group of symptoms similar to the group which it is capable of producing. The law is founded on the observations, and on nothing else. Any metaphysical, mechanical or physiological considerations which I may urge in opposition to the old school or in favor of the new, are not to be considered as any part of the foundation of the homœopathic system. After this distinct disclaimer, I feel at liberty to introduce some general reasonings in relation to the two rival methods. I design them not as proofs, but as inducements to experimental investigation. They would be unnecessary, were not the alloëopathic community enveloped in a mass of prejudices, which prevents them making those experiments which, if prosecuted with the childlike simplicity of a true-hearted inductive philosopher, are alone sufficient to produce conversion.

No medicine can cure any disease, unless it acts upon all the diseased parts, either directly or indirectly. Now the more nearly the symptoms of a drug resemble those of the disease, the more near is its virtual approach to the disease,

both as respects its different seats, and its relative intensity in each.

The number of parts susceptible of receiving the pathogenetic and curative actions of drugs vastly transcends the number recognized in anatomy. This is evident from the almost infinite diversity of the symptoms producible and curable by drugs. Millions of fibres and molecules sustain millions of relations to medicinal agents. How then is finite man ever to resolve the problem of cure with such multitudinous elements? By any of the ordinary methods it is utterly impossible. The pathologist, (whether he be a professed specifier or an ordinary alloco-pathist,) makes but a feeble beginning, if he demonstrates that a drug tends specially to act on any one apparatus, on certain component organs of that apparatus, or even on certain tissues of an organ.

There is practically an infinity of component parts in each tissue of each organ; and these infinitesimal parts may be simultaneously suffering some indeterminate elementary morbid affection. The affection in each element may be different from that in every other; the aggregate affection composing the disease of that tissue of that one organ. How complicated then is the disease of the whole organ!

Still more complicated is the disease of the whole body, even in a disease which is called local. The mutual sympathies are numberless. The number of results due to their different combinations defies all human powers of comprehension. Shall one member suffer and the whole body not suffer with it? It is impossible. Every malady affects, in some manner and some degree, every organ, every tissue, every molecule.

But no medicine can effect a perfect cure, unless its action is exerted on every diseased part, and on every part just in the proportion in which it is disordered. There must also be a qualitative as well as quantitative difference between the actions on different parts. If there are millions of varieties of morbid action simultaneously existing in different parts, an equal number of curative actions must be established. Such are the objects to be ultimately attained, either by direct contact, or through the mutual influences of different parts or functions.

In view of such a complication, how general, how coarse, how insufficient appear the ordinary methods of treatment; such as opening the pores of the skin or the ducts of the liver,

drawing off blood from the veins, or clearing out the alimentary canal !

Equally general, coarse and insufficient, are the electrical and the hydriatic (absurdly denominated the hydropathic) methods — the external application of a mass of water, and the internal application of electricity. The latter agent is refined, but the currents of it (whether applied to the limbs, the viscera, or the nervous trunks,) are gross. Neither the hydriatic nor the electrical method is susceptible of any law adapting it to all the diversities of morbid action.

Attenuated medicines, administered according to the law of similitude, are the true regulators of animal electricity and the human organism. The totality of any disease is the totality of its morbid actions. There can be no complete exponents of these, except the morbid phenomena. Any true, complete and comprehensive law of medicine must recognize all the morbid phenomena, and define some relation between them and the curative agents. These relations may be either direct or intermediate. The employment of the latter entails all the errors of rationalism. Let us then consider the direct relations.

There are three relations which the symptoms of a drug can sustain to those of a disease, namely, identity, similarity, and dissimilarity. The last includes opposition. Therefore antipathy is a branch of allœopathy. Let us consider it a moment. As a rule it is impracticable. There is no disease which has any considerable proportion of its symptoms opposite to those of any drug. Hence if this is the condition of cure, no malady is curable by medicine.

Passing from opposition to other forms of dissimilarity, we find none which can form the basis of a general therapeutic law. To form an estimate of pure allœopathy, we must separate from it every homœopathic ingredient. In such an extreme case, is there any conceivable basis of curative action ? If between none of the symptoms of the drug and those of the disease, there is either the relation of identity, similarity or opposition, we must infer that the special action of the drug is on different functions, different organs and different tissues from those on which the disease specially acts, and that the two actions differ in nature as well as location. Is it not next to demonstrable, that such a destitution of all intimate relation, must imply the want of all curative agency ? To speak figuratively, there is no handle by which the drug can grasp the disease.

The degrees of conceivable relationship between the action of drugs and that of a disease may be represented by an immense circle. Identity is the central point. On this point stands isopathy. Immediately around it are arranged the most perfect degrees of similarity. This is the province of perfect homœopathy. Contiguous to this is the annulus or ring of similarities less perfect, but still great. This is the theatre of that homœopathic practice, which, though not perfect, may be denominated good. Encircling this is a ring of similarities and dissimilarities, the region of alloëopathic homœopathy. If in our survey we proceed a step farther outward, we cross the line of nominal homœopathy, the circular line that separates alloëopathic homœopathy from homœopathic alloëopathy. This last is an annulus of similarities so defective as to merit the epithet of dissimilarities. The old school practitioner, without any particular design, often travels in this region, and sometimes into the interior rings, still nearer the disease, and thus effects its mitigation or cure. Passing still farther outward, we come to the annular region of great dissimilarity, the domains of alloëopathy as pure as practicable; and beyond that, at the circumference of the great circle, we may imagine the region of perfect dissimilarity, and of alloëopathy as pure as is conceivable. We have before seen that here is no relation which can be the basis of curative action.

Let us pass abruptly from the circumference to the centre. Is identity the requisite point? Is isopathy the true principle of cure? In considering this system, it is of the utmost importance to be continually impressed with the fact, that identity is but a single mathematical point; it has no dimensions. The slightest conceivable departure from it is similarity. Professed and attempted isopathy is in a position of unstable equilibrium, like a rod balanced on a point at its lower extremity. In spite of all attempts to preserve its erect and central position, it is continually tottering into the homœopathic region. We must not confound apparent with proper isopathy. I believe the latter to have no existence as a curative system. If certain products of a disease have, when taken into the stomach, cured a disease produced by the inoculation of a virus identical in kind, it is not because the second action is identical with, but only similar to, the disease in its existing stage. We can never be sure, that successive impressions of the same toxic agent are identical in their nature, unless it is

administered in the same mode and under the same circumstances. The slightest removal from identity is similarity. From mere observation it is as impossible to test identity of action as it is to test the contact of two contiguous mathematical points. Hence isopathy can have no foundation in experience. I think it has none in reason. An addition of the same action is an augmentation of the action; and if a temporary increase of the malady tends to mitigate it, why should not one that was originally severe have a greater tendency to a spontaneous cure than one originally slight?

In a loose and popular sense, the homœopathic remedy does aggravate the disease. Still farther, I concede, that in homœopathic books, there are thousands of instances, where the disease is said to be at first aggravated by the remedy. Still further, I hardly see how such expressions are to be avoided without great inconvenience. This is not the only case where, to avoid circumlocution, men use unphilosophical expressions. Astronomers, as well as others, still speak of the rising and setting of the sun. Yet he must be a superficial critic, who would infer that modern astronomers, and other intelligent persons who use these expressions, are ignorant of the motion of the horizon. Medicinal aggravations present a similar case. I am aware that an uncandid or superficial opponent of our system might, in reference to this point, charge us with inconsistency; but this consideration shall not deter me from stating the truth. I deem this the more important, because most of the theoretic difficulties which physicians find in Hahnemann's law of cure, and the arguments which they employ against it most successfully with the public, would be annihilated by a correct distinction between certain things which are now often confounded. If a patient has swallowed ten grains of arsenic, we would not attempt to cure him by administering another grain. We would not administer any thing to produce either the tenth, or the ten millionth, or even the decillionth, part of the *same* effect produced by the ten grains.

I acknowledge myself unable to understand, how a mere increase of any disease, in a strict sense of the terms, can tend to the cure of that disease. If experience proved it, I would believe it. Now all who have faithfully tried our remedies know that they are effectual. It did not require one year, out of the seven which I have practised homœopathically, to make me sure that remedies employed according to Hahnemann's

law cured diseases, and much more effectually than those which I had for sixteen years used as an alloëopathic physician. Again I acknowledge that in the progress of the homœopathic cures, I have often seen, from the minutest doses, what are called medicinal aggravations. How do I reconcile these facts? The answer is partly anticipated in what has been said above; and what I am about to state has a bearing on the same topic.

I must institute a comparison between the alloëopathic and homœopathic practice, and trace the former through its different stages of approximation to the latter. Similarity is the characteristic of homœopathy, dissimilarity that of alloëopathy. These characteristics differ not in kind, but in degree. Moderate similarity and moderate dissimilarity are contiguous, and practically identical. The boundary between the better forms of alloëopathy and the most imperfect forms of homœopathy cannot be definitely determined; they are practically identical. In the circle by which I have, for convenience of nomenclature, represented the different modifications of the mixed systems by different annuli, they in strictness run into each other by insensible shadings, from the small central circle of perfect similarity to the circumference of total dissimilarity.

Perhaps I cannot better express my view of the nature of homœopathic action, than by calling it an exquisitely refined counter-irritation or revulsion. These terms have been degraded by their application to processes which are coarse and external, and possess no specific relations to those infinite diversities of disease which result from the different infinitesimal localities, and the different kinds and combinations of the elementary morbid actions. The adaptation of homœopathy to all of these, is one of its grand characteristics.

The coarser processes of the old school, may serve to give us some faint idea of the refined processes of the new. If a physician attempts to combat an irritation in the pleura by a counter-irritant applied to the feet, the effect is slight compared with that produced by the application of it to the surface of the chest. For an inflammation of the eye, he finds a slight artificial inflammation on the temple more effectual than one on the chest; and in general, the nearer he approaches the diseased locality, the more beneficial does he find the counter-irritation, provided it is not so strong as to spread to the seat of the disease, and thus become isopathic. This last evil he sometimes encounters in diseases of the brain, the pleura and

other organs, and shrinks from the application of his external stimulants, until the internal inflammation is farther reduced. Now if instead of a strong irritant an inch from the disease, we could apply a sufficiently gentle one at the distance of a millionth of an inch, is it not reasonable to conclude that it might be both safe and effectual?

The homœopathic action being inconceivably near the disease, both in the location, nature and function of the affected parts, this diversion restores the latter to their normal action, and enables them to retain it; and the new morbid action, which is manifested by similar symptoms, soon spontaneously subsides into a normal action, that is, health.

But if the homœopathic dose is too great, the effect is like that of an epispastic on the scalp, when the surface of the brain is highly inflamed; that is, the excessive homœopathic dose operates partly by counter irritation, and partly by contiguous sympathy; the latter effect tending to frustrate the former. When a medicine which is homœopathic in a small dose, is administered in a large dose, its direct action, instead of being confined to a point near the disease, is in a circle which on one side overlaps the point of identity, and on the other spreads into the region of dissimilarity. Hence on one side, it tends to aggravate and protract the original disease, and on the other, to develop a multitude of new allopathic affections, which contribute more towards prostrating the vital forces than towards diminishing the original malady.

I will endeavor to give a hydro-dynamical illustration of homœopathic action. Suppose a complicated hydraulic engine, so constructed as to throw out millions of jets of fluid from different orifices and in different directions. Let this engine represent the human body. Let the equality of the jets represent that balance of the vital phenomena which denotes health. Let any inequality of the jets represent the phenonoma of disease. The engine has millions of internal passages, compartments, valves, and other contrivances, through the medium of which the relative flow from different orifices is regulated; and any variation at one place affects more or less the internal position of the machinery and flow of fluid at all other places; although this sympathy is more intimate between some parts than between others. Let the streams represent vital actions and phenomena, whether of health or disease; the portions concealed within the engine being the inscrutable vital actions, and

those jetting out being the phenomena or symptoms. These jets represent all the symptoms, subjective as well as objective ; that is, sensations as well as appearances. Any jet which does not belong to the proper working of the engine, is a morbid phenomenon — a symptom. Any change in a previously existing regular jet is a symptom. The engine is so constituted, that the application of any agent which causes a new stream to flow from an orifice extremely near that of an existing stream, shall cause the latter to diminish ; and if a sufficient number of new streams are thus caused to flow from orifices respectively contiguous to those of morbidly accelerated streams, all the latter will be rendered normal ; and when the curative agent has spent its force, that is, when the new streams have ceased, the normal action of the engine will continue. This is health. Now the engineer, not having such an acquaintance with the structure of the minutest parts of the engine and their mutual influences, as to enable him to determine, *a priori*, the total influence which any agent will have on its operation, how can he regulate it ? He has the requisite agents in sufficient variety to cause streams in every possible direction. Many of these agents have been applied to this engine, and to others of the same construction, and large volumes have been filled with a list of the particular jets which these agents produce or accelerate. He consults these volumes, if he has not previously stored his mind with their contents. He finds an agent which is known to be capable of producing the requisite regulating streams. He applies this agent to the engine which is acting irregularly. The first effect is an apparent aggravation of the existing irregularity : for the new jets are respectively so nearly in conjunction with the previously excessive jets, as to appear, except on the closest inspection, to be identified with them, and render them still more excessive. This state of things represents medicinal aggravation. This near approximation or contiguity of the artificial to the abnormal streams, represents the similarity referred to in the fundamental law of homœopathic therapeutics.

Here let me notice an erroneous view which many take of our practice. They imagine that a treatment guided by the symptoms, must be aimed at the symptoms ; that it may hit and extinguish these, but leave the disease untouched ; that we are contending with the shadows of things and overlooking the substance, or, to borrow the figure from the engine just de-

scribed, that we are merely annihilating the jets at their exit, instead of acting on the internal and primitive currents. Now the external jets are the guides, but the internal and primitive currents are the real subjects, and their regulation the objects, of our operations. We are not combating symptoms, but are guided by symptoms in combating disease.

If the general and *a priori* considerations, which I have stated in favor of the homœopathic law, shall induce any to test it by actual experiment, my object will have been gained. Their conversion will be secured. It is to this trial that Homœopathy appeals. Every physician who has fairly, fully, and practically examined Homœopathy has adopted it.

An opinion prevails to some extent in the community, that Homœopathy has been actually examined by many alloëopathic physicians, and found by them to be untrue in principle and ineffacious in practice. Those who state that they have made an examination with such results, have no adequate conception of what is implied in their statement. It is implied, that they have repeatedly taken and administered a variety of our potentized medicines, in small doses, and always without any effect, either in producing or removing symptoms; secondly, that they have taken doses, in number and magnitude sufficient to produce numerous symptoms, and that these symptoms differed entirely from those recorded by Hahnemann and his disciples; thirdly, that many drugs, each of which was known by them to be capable of producing many symptoms, have been separately given by these physicians to many patients, each of whose cases was specially characterized by many symptoms producible by the drug administered, and yet this drug given in sufficiently small doses and at sufficient intervals, neither cured nor benefited the patient. I deny that any such trials have ever been made with such results. Not one of the three classes of experiments, as above indicated, has ever been made by any man who is still a professed alloëopathic physician. The first class of experiments above indicated, would, if honestly and judiciously made, verify the efficiency of the smallest doses ever administered by Hahnemann; the second class would verify his materia medica; and the third class, his law of cure; a law which, by its universality and importance, gives to Hahnemann the same rank in medicine that Newton has in astronomy.

This is the only general law for the administration of specifics which any one has ever even pretended to have discovered.

To men who have practically verified it, to the members of the American Institute of Homœopathy, no theoretical defence of it is needed. They have a conviction which can neither be shaken by any theoretical assault, nor confirmed by any theoretical defence.

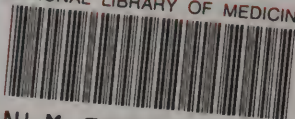
To others who have honored us with their presence this evening, we commend the examination of the new medical doctrine, in the spirit of that inductive philosophy by which the scientific men of Philadelphia have been distinguished, and in that spirit of philanthropy in which this city was founded. Standing here on ground consecrated by a Penn and a Franklin, and their numerous successors who have devoted themselves to the cause of science and humanity, we urge the claims of a system, inferior to none of the physical sciences, in the strictness of the investigations on which it is founded, and the extent of the benefits it is destined to confer on mankind.







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